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ABSTRACT

This paper reports on initial implementation of a state required process for determining eligibility of children and adolescents for Massachusetts Department of Mental Health Programs. Three criteria are used for determining eligibility: a diagnosable mental, behavior, or emotional disorder; impairment of one year's duration; and establishment of functional impairment, as documented by the Child and Adolescent Functional Assessment Scale (CAFAS). Review of the program's first six months involved analysis of data on 333 children and adolescents who applied and were assessed for services during this period. Data summarized cover age, gender, race/ethnicity, and diagnostic category. Findings indicated: (1) as age increased, the percentage of youth accepted increased; (2) race did not appear to be a factor in the eligibility determination process; (3) place of residence was related to eligibility status; (4) applicants with diagnoses of behavior disorders were less likely than others to be found eligible; (5) 89 percent were determined eligible; and (6) more than 90 percent of diagnoses were for psychotic disorders, behavioral disorders, or anxiety disorders. (DB)

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Implementing Eligibility Determination Process for Children's Mental Health Services In Massachusetts Characteristics of Youth: The First Six Months

Introduction

On July 1, 1996, the Massachusetts Department of Mental Health (DMH) radically changed the way it did business when it transferred responsibility for all acute care services – along with the appropriate budget–to the Medicaid agency's managed care organization (MCO), retaining only the 'deep end' services. The Department also instituted a formal mechanism to determine eligibility for its services.

The DMH instituted these eligibility criteria for continued care services in order to ensure standardized access across the state and to clarify the role of DMH vis a vis the new MCO. All eligibility determinations are conducted by licensed, independent clinicians, *Eligibility Determination Specialists*, who have been trained in both the eligibility protocols and administering the Child and Adolescent Functional Assessment Scale (CAFAS; Hodges, 1996).

Three criteria are used for determining eligibility for children and adolescents under 19:

- a diagnosable mental, behavior or emotional disorder;
- impairment of one year's duration; and
- and establishment of a level of functional impairment, as documented by using the CAFAS.

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Establishing the Impairment Threshold

In order to determine the appropriate impairment threshold, a point in time analysis was conducted. For a one month period, all existing case managed clients and all new applicants were assessed using the CAFAS. In the final determination, only the scores from six subscales were included. The subscales, Role in Community and Substance Use were excluded because they focus on antisocial behavior. Youth served within the DMH system must have a primary mental health problem. A score of at least 80, the sum of scores from the six included subscales, was established as the threshold. When this score was applied to the pilot data, 76% of the pilot group would have met the threshold.

Data Analysis: Six Months Review

After the program had been in operation for six months, a review of the implementation was conducted. Reviewers examined whether the protocol was appropriately implemented, the assessment process was appropriate and reasonable, if the right threshold had been established, and whether the guidelines were uniformly applied. Additionally, the review sought to determine if the right clients being determined eligible, and identify and bias influencing the determination. To address these issues, reviewer looked more closely at the characteristics of children and adolescents who had applied for services and those who were determined eligible.

An analysis was conducted on all clients who applied and were assessed for eligibility between July 1 and December 31, 1996. During this period of time, 333 children and adolescents applied and were assessed; 89% (n = 296) of them were determined eligible.

Characteristics of the Applicants

Age. 77% of the applicants were between 11 and 18 years old; the largest group were between 11 and 15 years old. The mean age of applicants was 13.4 years old.

Gender. About two-thirds of applicants were male.

Race/Ethnicity. About 75% of the applicants were White; an equal percentage (10% each) were African-American and Hispanic.

Diagnostic Category. Each application identified a primary diagnosis for the applicant; the diagnosis was made by the previous clinician(s). DMH did not do an independent diagnostic evaluation as part of the eligibility process.

In conducting the analysis, we categorized the diagnoses into 5 groups:

- Psychotic Disorders, including schizophrenia, atypical psychosis, and paranoia
- Behavioral Disorders, including ADD, ADHD, and oppositional conduct
- Anxiety Disorders, including PTSD, anxiety states, phobias and adjustment disorders
- Affective Disorders, including depression, and bi-polar disorders
- Developmental Disorders, including PDD

The primary diagnosis for over 90% of the applicants fell into one of three categories. The primary diagnosis for 44% of the applicants fell into the classification of Psychotic Disorders; 25% were identified as having one of the Behavioral Disorders; and 22% as having one of the Anxiety Disorders. Reviewer found it surprising that the largest proportion of children and adolescents had a diagnosis which fell within the classification of Psychotic Disorders. There was speculation that this diagnosis may have been used by the referring agency to ensure DMH eligibility.

Characteristics of those determined eligible (N= 296)

Age. Not surprisingly, as age increased, the percentage of youth accepted increased. Eighty-one percent of those between 6-10 years old, 89% of those between 11-15 years old, and 93% of those between 16-18 years old were determined eligible (see Figure 1).

Race/Ethnicity. Race did not appear to be a factor in the eligibility determination process. There was no difference in the percentage of applicants determined eligible within each of the different racial/ethnic groups.

Diagnosis. As mentioned, the primary diagnoses of most the applicants were classified into one of three diagnostic categories: Psychotic Disorders, Behavioral Disorders, and Anxiety Disorders. Not surprisingly, virtually all of the applicants so classified were determined eligible. Ninety-five percent of those whose primary diagnosis was classified as one of the Psychotic Disorders, 91% of those identified as having one of the Anxiety Disorders, as well as 81% of those applicants identified as having one of the Behavioral Disorders, were determined eligible (see Figure 2).

The smallest percentage of eligible youth within the three categories were those having a diagnosed Behavioral Disorder. Because this category is the most controversial, reviewers were did not find this remarkable. It was, however, unclear why children whose primary diagnosis fell into a category of

Figure 1
Age of Number of Applicants vs. Number of Applicants Accepted

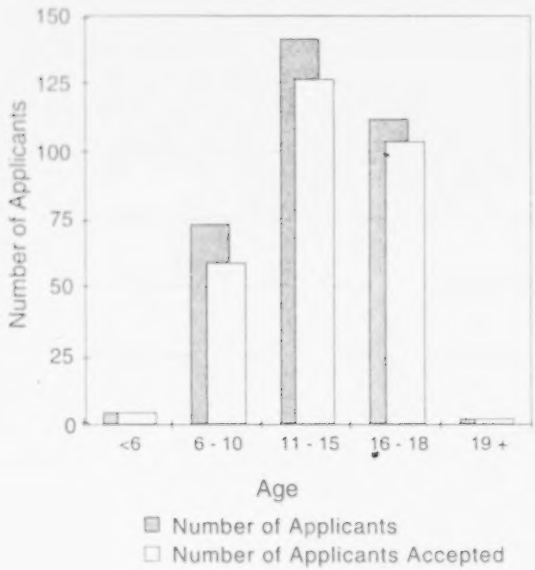
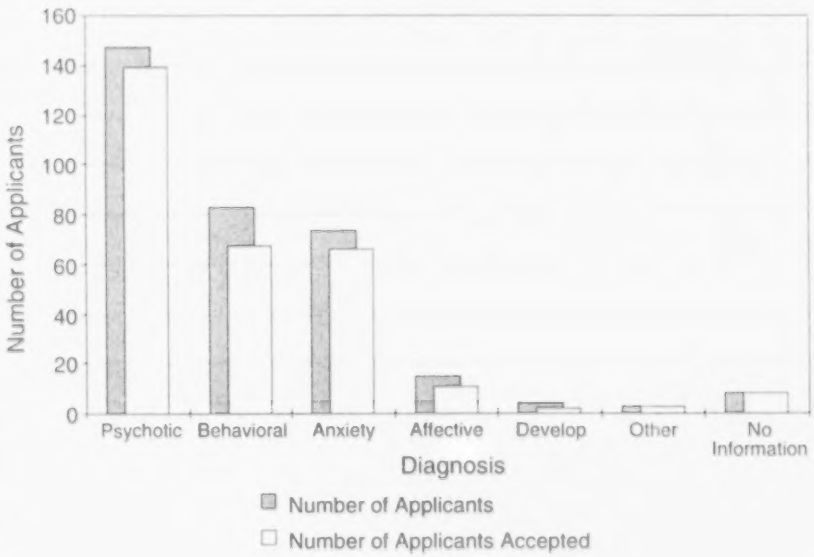


Figure 2
Diagnostic Category of Number of Applicants vs. Number of Applicants Accepted



Psychotic Disorders were not determined eligible. It will be important to look more closely at the characteristics of these children.

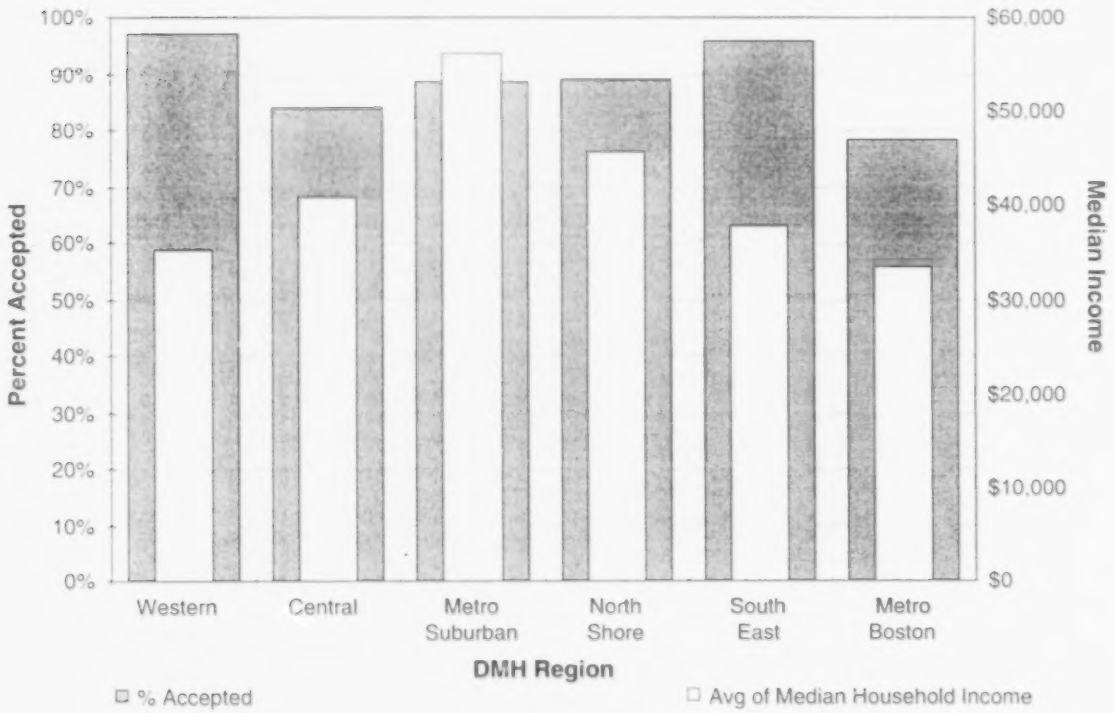
Area of Residence. The youth's eligibility appeared to be somehow related to their area of residence in the state at the time of application. The percentage of eligible youth ranged from a low of 78% in one area of the state, to 97% in another. We compared these rates to the median income of households within these areas to see if the discrepancy could be accounted for by variance in income. There was no relationship between income and eligibility acceptance rates (see Figure 3).

CAFAS Scores. The Massachusetts threshold for functional impairment using the CAFAS was the aggregate score of at least 80, the sum of each of the six subscales. Eighty-nine percent of the applicants scored at or above this threshold level.

When looking at the percentage of applicants who scored in the very serious range on these scales (i.e., either moderate or severe), it was clear that most of the applicants for DMH services were children who had serious problems (see Figure 4).

For most of the scales, more than 80% of all applicants scored in the very serious range, indicating a need for intensive services. It is noteworthy that almost half of the children scored in the very

Figure 3
Percent Accepted Compared vs. Median Household Income by AREA



serious range on the subscale Thinking. The number of children with severe disturbances whose primary symptom is psychotic thinking is usually quite low. Further analysis, however, will be needed to explain the relationship between these findings and the high percentage of youth who were diagnosed as psychotic.

Questions for Further Discussion

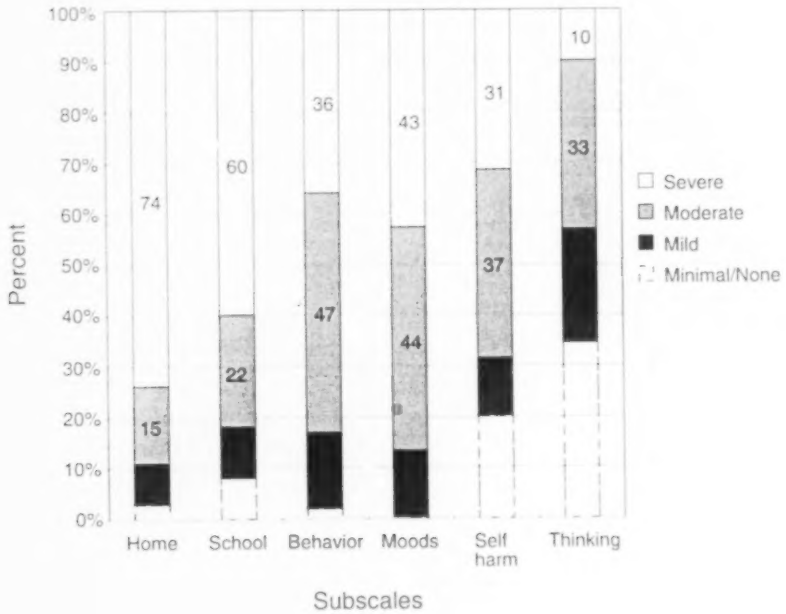
Since discrepancy among different areas of the state in eligibility acceptance rates was not explained by income, it will be necessary to look at other factors, and to determine whether there is uniformity across the state in the implementation of the procedures and interpretation of the CAFAS.

Preliminary analysis of the characteristics of youth meeting eligibility criteria suggests that the CAFAS is both an efficient and effective instrument for identifying level of impairment, and is an appropriate measure to support determination of eligibility within mental health care system. The relationship of clinical diagnosis to the subscale scores, however, bears further analysis, particularly for those youth diagnosed as psychotic. Given the high percentage of applicants whose scores indicate that they are very seriously in need of services, we will look at how well the scores can be used to project level of service need. Finally, it will be important to conduct a complete analysis of those applicants who were not deemed eligible under the current system.

Reference

Hodges, K. (1996). Psychometric characteristics of a multidimensional measure to assess impairment: The Child and Adolescent Functional Assessment Scale. *Journal of Child and Family Studies, 5,* 445-458.

Figure 4
Impairment Level of Applicants for 6 CAFAS Subscales



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